

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

62-040002
STATE FILE NUMBER

9894

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

FILED OCT 19 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST LOUIS</u>		c. CITY OR TOWN <u>MEHLVILLE</u>	
Length of stay in 1b <u>17 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>1140 FORDER R+</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST ANTHONY HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALBINA BEVERLEY</u>		4. DATE OF DEATH Month Day Year <u>OCT - 15 - 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-2-1914</u>
9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>7 13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11. BIRTHPLACE (City and state or country) <u>PITTSBURG PENN</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>SAMUEL GHEZZI</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE FERRERO</u>	
14. NAME OF HUSBAND OR WIFE <u>GEORGE BEVERLEY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>4</u>		17. INFORMANT <u>GEORGE BEVERLEY</u> Address <u>1140 FORDER R+ ST LOUIS 25 MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z).)			
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a)			
<u>Carcinoma of the Breast</u>			
Interval between ONSET AND DEATH <u>2 yrs.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>170X</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>Sept 1962</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sept 1962</u>		
20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>		COUNTY <u>St. Louis</u>	
20g. STATE <u>MO.</u>		20h. DEATH <u>10-15-62</u>	
21. I attended the deceased from <u>Sept. 1962</u> to <u>death</u> and last saw her/him alive on <u>10-15-62</u> Death occurred at <u>11:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John G. Kellett M.D.</u>		22b. ADDRESS <u>2623 Telegraph Road</u>	
22c. DATE SIGNED <u>10/16/62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>LEMA M.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>10-18-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MT Hope Cem.</u>		23d. LOCATION (City, town, or county) <u>LEMA MO.</u>	
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME MEHLVILLE MO.</u>		25. DATE RECEIVED BY LOCAL REG. <u>OCT 16 1962</u>	
26. REGISTRAR'S SIGNATURE <u>John Smith M.D.</u>		26. REGISTRAR'S SIGNATURE	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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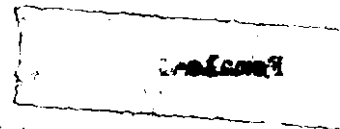
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Gustav W. Gierke

Licensed Embalmer No. _____

P. O. Address _____

*4329
St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.